TRS Activecare Medical Plan Rates for Full-Time Employees
2025-2026 Plan Year
Effective September 1, 2025 Through August 31, 2026

TRS ACTIVECARE PRIMARY				
Coverage Category	**Total Cost**	**Local Funding**	**Monthly Cost**	**Cost Per Paycheck**
Employee Only	$ 509.00	$ 509.00	$ -	**$ -**
Employee and Spouse	$ 1,375.00	$ 509.00	$ 866.00	**$ 433.00**
Employee and Child(ren)	$ 866.00	$ 509.00	$ 357.00	**$ 178.50**
Employee and Family	$ 1,731.00	$ 509.00	$ 1,222.00	**$ 611.00**

TRS ACTIVECARE PRIMARY +				
Coverage Category	**Total Cost**	**Local Funding**	**Monthly Cost**	**Cost Per Paycheck**
Employee Only	$ 598.00	$ 509.00	$ 89.00	**$ 44.50**
Employee and Spouse	$ 1,555.00	$ 509.00	$ 1,046.00	**$ 523.00**
Employee and Child(ren)	$ 1,017.00	$ 509.00	$ 508.00	**$ 254.00**
Employee and Family	$ 1,974.00	$ 509.00	$ 1,465.00	**$ 732.50**

TRS ACTIVECARE HD				
Coverage Category	**Total Cost**	**Local Funding**	**Monthly Cost**	**Cost Per Paycheck**
Employee Only	$ 524.00	$ 509.00	$ 15.00	**$ 7.50**
Employee and Spouse	$ 1,415.00	$ 509.00	$ 906.00	**$ 453.00**
Employee and Child(ren)	$ 891.00	$ 509.00	$ 382.00	**$ 191.00**
Employee and Family	$ 1,782.00	$ 509.00	$ 1,273.00	**$ 636.50**

TRS ACTIVECARE 2 *CLOSED TO NEW ENROLLEES*				
Coverage Category	**Total Cost**	**Local Funding**	**Monthly Cost**	**Cost Per Paycheck**
Employee Only	$ 1,013.00	$ 509.00	$ 504.00	**$ 252.00**
Employee and Spouse	$ 2,402.00	$ 509.00	$ 1,893.00	**$ 946.50**
Employee and Child(ren)	$ 1,507.00	$ 509.00	$ 998.00	**$ 499.00**
Employee and Family	$ 2,841.00	$ 509.00	$ 2,332.00	**$ 1,166.00**